


When to do, and when (definitively) not to do an interventional procedure

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In this issue of *Acta Radiologica Short Reports* a case of irreversible electroporation (IRE) of a tumor in the pancreatic head is presented (1). This is a well-known technique that can be used in the treatment of, for example, inoperable pancreatic cancer. In this case, the patient had a metallic stent in the bile duct, which is strictly regarded as an absolute contraindication in doing such procedures. This procedure was, nevertheless, performed at a private institution, and when the complications became obvious, the patient was transferred to a university clinic and treated, unfortunately, with a fatal outcome.

As interventional radiologists, we all realize the importance of knowing when to do, or more importantly, when not to do/perform special procedures. It is (or should be) common knowledge to most of us that procedures as described in this manuscript should not be done due to the severe, and in this case fatal, outcome connected to the metallic stent implanted in the area of the tumor to be treated. Instead, this procedure was done, with the described fatal outcome as a result.

The radiological community has to take responsibility if someone is doing procedures that are regarded as contraindicated, in this case by both the producer of the equipment and by most colleagues performing such procedures. When some of our colleagues, regardless of warnings, decide to perform such a procedure, this should be focused upon in the scientific literature and make clear to all of us the responsibility of choosing

appropriate treatment methods. This procedure was done in a private clinic and one can only speculate if the reason for doing this was based on economy or lack of knowledge. We all have a responsibility of securing a safe treatment to our patients as interventional radiology now has become a very important part of the broad specter of methods in treating patients.

Reporting treatment results are important; however, reports of treatment failures are equally important, and not at least to focus on indications, and not at least contraindications of interventional procedures. The present article is a good example of the importance of reporting treatment failure and most importantly when not to perform certain kinds of procedures. The focus should be kept on strict information of indications/contraindications and treatment successes/failures. It is the responsibility of the interventional radiologist to be updated on the results of every technique used in the diagnosis and treatment of our patients.

Arnulf Skjennald
Chief Editor

Reference

1. Månsson C, Nilsson A, Karlson BM. Severe complications with irreversible electroporation of the pancreas in the presence of a metallic stent: a warning of a procedure that never should be performed. *Acta Radiol Short Reports* 2014;3(11). DOI: 10.1177/2047981614556409.